

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744543

1. Entity Name

ROTARY CLUB OF ST. PETERSBURG (SUNRISE) FLORIDA, USA, INC.

Principal Place of Business

221 - 4TH STREET NORTH
ST. PETERSBURG FL 33702

Mailing Address

PO BOX 825
ST. PETERSBURG FL 33702

2. Principal Place of Business

11 Central Avenue

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33701

Country

USA

City & State

Zip

Country

4. FEI Number

59-1726473

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, DICK
6055 BAYOU GRANDE BLVD NE
ST. PETE FL 33703

7. Name and Address of New Registered Agent

Name: Lawrence M. Grouney II
Street Address (P.O. Box Number is Not Acceptable): Alhambra Nursing Home
7501 - 38th Ave No
City: St. Petersburg FL Zip Code: 33710

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TERRY, SUSAN	
STREET ADDRESS	4200 CENTAL AVE, BROADWATER H.C.	
CITY-ST-ZIP	ST PETE FL 33703	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HANNER, JOHN	
STREET ADDRESS	PO BOX 7800 HANNER CONSTRUCTION	
CITY-ST-ZIP	ST PETERSBURG FL 33734	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BAYNARD, BUD	
STREET ADDRESS	1322 BRIGHTWATER BLVD NE	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence M. Grouney II	
STREET ADDRESS	7501 - 38th Ave North	
CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Borsuk	
STREET ADDRESS	Agincourt, 144 - 1st Ave So # 450	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 01, 2002 8:00 am
Secretary of State

07-22-2002 90152 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)